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Kansas Department Of Agriculture

Division of Water Resources
109 S.W. 9th Street, 2nd Floor
Topeka, KS 66612-1283
Telephone: 785-296-3717
Facsimile: 785-296-1176

Internet E-Mail Address: JLYNN@kda.state.ks.us

KANSAS OPEN RECORDS ACT - K.S.A. 45-201 et seq.

REQUEST FOR OPEN RECORDS ACCESS FORM

Please complete boxes 2 through 11 and return to the address provided in box 1. NOTE: Request is invalid without completion of boxes 10 and 11.

REQUESTOR INFORMATION (please print or type)

2. NAME:		3. BUSINESS NAME (if applicable):	
4. STREET ADDRESS:		5. TELEPHONE:	6. FACSIMILE (if applicable):
7. CITY, STATE, ZIP:		8. INTERNET E-MAIL ADDRESS (if applicable):	
9. RECORDS REQUESTED (please reference attached request categories):			

REQUIRED REQUESTOR SIGNATURE

K.S.A. 21-3914 ...

(a) No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to persons listed therein, any list of names and addresses contained in or derived from public records except:

- (1) Lists of names and addresses from public records of the division of vehicles obtained under K.S.A. 74-2012, and amendments thereto;
- (2) lists of names and addresses of persons licensed, registered, or issued certificates or permits to practice a profession or vocation may be sold or given to, and received by, an organization of persons who practice that profession or vocation for membership, informational, or other purposes related to the practice of the profession or vocation;
- (3) lists of names and addresses of persons applying for examination for licenses, registrations, certificates or permits to practice a profession or vocation shall be sold or given to, and received by, organizations providing professional or vocation shall be sold or given to, and received by, organizations providing professional or vocational educational materials or courses to such persons for the sole purpose of providing such persons with information relating to the availability of such materials or courses; and
- (4) to the extent otherwise authorized by law.

(b) Violation of this section is a class C misdemeanor. ...

I hereby request the above records under the Open Records Act, K.S.A. 45-201 et seq., from the Kansas Department of Agriculture (KDA). In addition, I hereby acknowledge I have read the above referenced statute, K.S.A. 21-3914, and will abide by all provisions of said statute.

10. REQUESTOR SIGNATURE:	11. DATE OF REQUEST:
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A. KDA PREPARATION FEE SCHEDULE (please do not write below this line)

Requesters are responsible for fees incurred per the following preparation fee schedule for time and costs required to prepare records. The total fee is due upon receipt of requested records.

<input type="checkbox"/> A.1. NO FEE: Routine request involving one hour or less staff time and 14 or less pages \$0.00	<input type="checkbox"/> A.2. \$0.35/PAGE FEE: Routine request involving one hour or less staff time AND 15 OR MORE pages 	<input type="checkbox"/> A.3. \$12.00/HOUR CLERICAL STAFF FEE PLUS ALL OTHER APPLICABLE FEES 	12. DATE REQUEST RECEIVED:	
<input type="checkbox"/> A.4. \$24.00/HOUR PROFESSIONAL STAFF FEE PLUS ALL OTHER APPLICABLE FEES 	<input type="checkbox"/> A.5. \$24.00/HOUR ATTORNEY FEE PLUS ALL OTHER APPLICABLE FEES 	<input type="checkbox"/> A.6. \$15.00/COMPUTER QUERY FEE 		13. DATE OF INITIAL RESPONSE:
<input type="checkbox"/> A.7. \$2.00/COMPUTER DISK FEE 	<input type="checkbox"/> A.8. \$0.60/MICROFILM FEE 	<input type="checkbox"/> A.9. BLUE PRINT FEE: ACTUAL COST 		
<input type="checkbox"/> A.10. PHOTOGRAPH FEE: ACTUAL COST 	<input type="checkbox"/> A.11. COLOR PHOTOCOPY FEE: ACTUAL COST 	<input type="checkbox"/> A.12. SPECIAL SHIPPING REQUIREMENT FEE: REVERSE BILLING 		15. DATE PAYMENT RECEIVED:
			16. KDA TRANSACTION NUMBER:	

B. KDA RESPONSE

<input type="checkbox"/> B.1. Request Received / Forwarded To Correct Division / Field Office B.1.a. Division/Field Office Forwarded To:	<input type="checkbox"/> B.2. Access Granted With The Following Preparation Fee Due B.2.a. Total Fee Due: ORC / ORA ORW	<input type="checkbox"/> B.3. Access Will Be Delayed B.3.a. Date Record Will Be Provided: B.3.b. Reason For Delay:	17. CHECK NUMBER:
<input type="checkbox"/> B.4. Access Has Been Denied B.4.a. Explanation	B.5. Notes [i.e., preparation fee information, additional details, etc.]: Please Remit \$ _____ and Enclose a Copy of this Form.		

C. Records Custodian Signature:	19.. REQUEST NUMBER:
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(Please make checks payable to KANSAS DEPT OF AGRICULTURE; NOTE REQUEST NUMBER on check; and remit to the address provided in box 1.)